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**Maybank Islamic Ikhwan Visa Infinite  
Supplementary Card Application Form**

Yes, I would like to apply for my complimentary\*  
**Supplementary Card(s)**

\*Lifetime Fee Waiver up to Four (4) Supplementary Cards per  
Principal Cardmember.

**Details of Principal Cardmember**

Mr  Mrs  Ms  Others (please specify)

Full Name (as per NRIC / Passport): \_\_\_\_\_

Nationality: \_\_\_\_\_

Maybank Islamic Ikhwan Visa Infinite Card Number:

\_\_\_\_\_

\_\_\_\_\_  
Principal Cardmember's Signature

\_\_\_\_\_  
Date

**Supplementary Card 1**

Supplementary Cardmember must be 18 years old and above

Mr  Mrs  Ms  Others (please specify)

Full Name (as per NRIC / Passport): \_\_\_\_\_

Nationality: \_\_\_\_\_

Relationship to Principal Cardmember: \_\_\_\_\_

Name to appear on your Supplementary Card.  
(Please include surname) Maximum 19 characters

\_\_\_\_\_

NRIC / Passport: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Facility Limit**

I would like to assign \_\_\_\_\_ % or RM \_\_\_\_\_ of my  
facility limit to my Supplementary Cardmember.

Note: Minimum facility limit assigned should not be less than  
RM1,000. Total combined facility limit cannot exceed the Principal  
Cardmember's approved facility limit.

My Supplementary Cardmember will share my facility limit

\_\_\_\_\_  
Supplementary Applicant 1

\_\_\_\_\_  
Date

**Supplementary Card 2**

Supplementary Cardmember must be 18 years old and above

Mr  Mrs  Ms  Others (please specify)

Full Name (as per NRIC / Passport): \_\_\_\_\_

Nationality: \_\_\_\_\_

Relationship to Principal Cardmember: \_\_\_\_\_

Name to appear on your Supplementary Card.  
(Please include surname) Maximum 19 characters

\_\_\_\_\_

NRIC / Passport: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Facility Limit**

I would like to assign \_\_\_\_\_ % or RM \_\_\_\_\_ of  
my facility limit to my Supplementary Cardmember.

Note: Minimum facility limit assigned should not be less than  
RM1,000. Total combined facility limit cannot exceed the  
Principal Cardmember's approved facility limit.

My Supplementary Cardmember will share my facility  
limit

\_\_\_\_\_  
Supplementary Applicant 2

\_\_\_\_\_  
Date

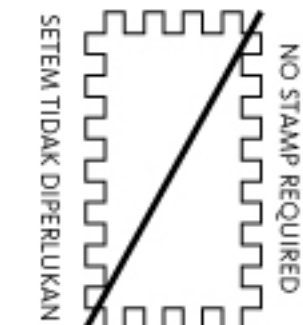
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**Declaration:**

"I/We declare that the above information given by me / us is true and complete. I/We hereby authorize you to verify information on me/us and any supplementary applicant(s) from whatever source you consider appropriate from any financial institution and the Director General of Inland Revenue Department on any information which Maybank Islamic Berhad may require. I/We further agree and authorize the Bank to make the relevant facility references with external parties including but not limited to CCRIS, and any other facility reference agencies and that in so doing the Bank shall be entitled to disclose such information as may be necessary in order for the external parties to provide the Bank with the references/confirmation sought. I/We also confirm that none of my/our spouse(s), parents and/or children are employees of Maybank Islamic Berhad or Malayan Banking Group. I/We confirm shall read the terms and conditions of the Maybank Islamic Ikhwan Visa Infinite Card Agreement which have been displayed on the www.maybank.com.my or www.maybankislamic.com.my website and agree to be bound by them and all future amendments thereto before accepting and receiving the card(s). In the event I/We require a hard copy of the said Agreement. I/We may request for a copy of the same from the Bank. I/We further agree that the Principal Cardmember shall be responsible for all liabilities and obligations of the Principal Cardmember as well as those of the Supplementary Cardmember(s). The Supplementary Cardmember however, shall only be responsible for his/her own liabilities and obligations. The Bank shall reserve the absolute right to approve or reject my/our application as the Bank deems fit without assigning any reason. I/We understand the card(s) remain the property of Maybank Islamic Berhad and shall be subject to cancellation without notice and would be returned upon request. I/We hereby agree to you disclosing information to Bank Negara Malaysia regarding my/our facilities and my/our account with you, as may be required, whether pursuant to law or otherwise. Maybank Islamic Berhad shall not be liable whether directly or indirectly to me/us or any other persons for such disclosure." By signing above, I/We acknowledge that I/We have agreed to the above declaration.

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MAYBANK ISLAMIC IKHWAN VISA INFINITE  
SUPPLEMENTARY APPLICATION FORM



REPLY PAID / JAWAPAN BERBAYAR

NO. LESEN BRS 4207 KL

MALAYSIA

MAYBANK ISLAMIC IKHWAN VISA INFINITE

7th Floor, Menara Maybank,  
100 Jalan Tun Perak,  
50050 Kuala Lumpur.